PLEASE MAIL OR BRING IN THE FOLLOWING INFORMATION TO CITY HALL WATER DEPARTMENT IN ORDER TO HAVE WATER SERVICE CONNECTED IN YOUR NAME.

******COPY OF PURCHASE OR RENTAL AGREEMENT. IF FOR BANK OR REAL ESTATE COMPANY SEND LISTING AGREEMENT**

******NOTARIZED COPY OF DRIVERS LICENSE**

******FILL OUT APPLICATION COMPLETELY**

******READ AND INITIAL BOTTOM OF APPLICATION**

******A $150.00 DEPOSIT**

MAIL TO:
P.O. BOX 900
LOCUST GROVE, GA 30248

IF OVERNIGHT:
3644 HWY 42
LOCUST GROVE, GA 30248

QUESTIONS CALL:
770-957-5043

CITY OF LOCUST GROVE

PO BOX 900, 3644 HWY 23/42
LOCUST GROVE, GA 30248
PHONE (770) 957-5043, FAX (770) 954-1223

APPLICATION FOR WATER/SEWER SERVICE

DATE_____

NAME_____
ADDRESS OF SERVICE_____
BILLING ADDRESS OF SERVICE_____

HOME PHONE#_____ CELL PHONE#_____
SOCIAL SECURITY NUMBER_____
COPY OF PROOF OF PURCHASE ATTACHED: YES_____ NO_____

LIST NAMES OF ALL PEOPLE LIVING IN HOUSE_____
_____
_____

LANDLORD INFORMATION
NAME OF PROPERTY OWNER_____
ADDRESS_____
HOME PHONE#_____ WORK PHONE#_____

HAVE YOU EVER HAD WATER/SEWER SERVICE IN LOCUST GROVE? YES_____ NO___
ACCOUNT NAME_____
SERVICE ADDRESS_____

PLACE OF EMPLOYMENT_____
ADDRESS_____
TELEPHONE#_____

NEAREST RELATIVE NOT LIVING WITH YOU
NAME_____
ADDRESS_____
_____
TELEPHONE#_____

DEPOSIT INFORMATION
AMOUNT_____
DATE PAID_____
DATE OF SERVICE_____

WORK ORDER ISSUED_____
WORK ORDER NUMBER_____

****
REF (13.08.060) DAMAGE TO WATER WORKS PROHIBITED-VIOLATION-PENALTY
BEFORE WE CAN TURN ON THE WATER PLEASE TURN OFF ALL WATER OUTLETS
INCLUDING WASHER CONNECTIONS AND REFRIGERATOR ICE MAKER
****

_____
INITIALS

In order to do a disconnect request the water must be in the persons name that is submitting the request. If you fax this back to the City of Locust Grove you must also send in a legible copy of your drivers license, a contact phone number and all blanks <u>must</u> be filled in completely

City of Locust Grove
Po Box 900
Locust Grove, Georgia 30248
770-957-5043   FAX 770-954-1223

Disconnection Request

Account#_____

I _____ request the water to be disconnected at the following address_____ on (date) _____

Please forward the final bill to:

_____

_____

Daytime Phone Number_____

Signature _____
Date _____